## *E. CONTINUOUS QUALITY IMPROVEMENT (CQI)*

1. Overview, Background, and Core Principles
2. CQI Implementation Phases
    a. Start-up
    b. Deployment
    c. Integration
3. Criteria and Checklist for Review and Reporting (Aligned with PEP)
4. CQI Tools
    a. Generating Ideas and Collecting Information
    b. Analyzing and Displaying Data
    c. Reaching Consensus
    d. Planning Actions
5. CQI Resources

## E. 1. CONTINUOUS QUALITY IMPROVEMENT- OVERVIEW

Continuous Quality Improvement (CQI) is the element of the DHR Management Model that assures an organization systematically and continuously improves how it provides services and products. CQI focuses on improving work processes and the work environment, and is based on the core concepts of customer-focus, employee involvement, results-based decision-making, and integrated quality improvement. CQI is directly linked to Managing for Results (MFR), Performance Planning and Evaluation (PEP), and the Budget. The DHR Criteria for Performance Excellence is used to evaluate the impact of CQI.

CQI supports the organization's MFR-guided mission, goals, and objectives. CQI is designed to improve what an organization does in order to satisfy customer needs and improve the quality of services and products. Using CQI, the organization reviews trends and data to identify areas in need of improvement. Data may include performance measures, input from customers and employees, and internal and external assessments.

CQI is linked to the PEP element as it enables employees to provide input into the organization's work and job design. Employees participate on committees or improvement teams that address a process or problem that needs improvement. CQI supports the concept that employees whose work brings them closest to the specific issue or problem to be addressed are best equipped to recommend a solution.

An organization cannot rely on an unlimited pool of resources. Budgets – Federal, State and Local – fluctuate from huge surpluses to massive deficits. CQI is a systematic way of analyzing the way an organization provides services and products in order to identify and eliminate waste.

When CQI is fully integrated throughout the organization, there will be systems in place for continuous, long-term improvements to the organization.

### *Background*

CQI is an approach and philosophy adopted from the principles of W. Edwards Deming, Joseph Juran, and Philip Crosby. Deming began his career in the US Census Bureau applying statistical process control techniques to improve the accuracy of the census counts. He discovered that those same techniques were equally useful in improving quality in both the industrial and service sectors. Although largely rebuffed by American industry, Deming was invited to employ

his techniques to help the Japanese industry rebuild from the ruins of WWII. His strongly humanistic philosophy is based on the idea that problems in production process are due to flaws in the system, as opposed to being rooted in the

motivation or professional commitment of the workforce. Under Deming's approach, quality (a.k.a. performance) is maintained and improved when leaders, managers, and the workforce understand and commit to constant customer satisfaction through continuous quality improvement.

While Deming was at work in the Census Bureau, Joseph Juran was at work in the US Department of Agriculture applying the techniques of statistical process control to the management of crop production. Like Deming, Juran discovered that these techniques were equally applicable to industrial and service industries. Juran's approach is based on the idea that CQI must reflect the strong inter-dependency that exists among all of the operations within an organization's processes.

According to Philip Crosby, the absence or lack of quality is costly to an organization, e.g., in money spent doing things wrong, over, or inefficiently. Conversely, spending money to improve quality saves money in the long run. Crosby advocates organizational changes to encourage doing a job right the first time.

### *Core Principles*

The core principles for any Continuous Quality Improvement effort include:

- ***Customer Focus*** – understanding and respecting the needs and requirements of internal and external customers, and striving to exceed customer expectations.

- ***Employee Involvement*** – providing employees the resources, education, and opportunity to influence decision-making through improvement efforts.

- ***Results-Based Decision-Making*** – developing, operating, and improving programs and services with a focus on outcomes and the use of reliable data for decision-making.

- ***Integrated Quality Improvement*** – creating an environment that promotes employee involvement and systems that support a continuous improvement process of solving problems and delivering services.

## E. 2. CQI IMPLEMENTATION PHASES

**CQI** implementation is organized into three distinct phases:

- Phase 1: Start-up
- Phase 2: Deployment
- Phase 3: Integration

The broad actions identified in each phase can be carried out in many ways, allowing flexibility in implementation. However, the key concepts that these actions represent are critical for successful implementation. The template is provided to assist in implementing and sustaining a CQI process, and to identify the key action steps for each of the three phases and guidance for each step. The template can be modified to meet an agency's unique needs. Please note that the action steps identified provide a **basic** framework for CQI; CQI standards for COA Accreditation are much more rigorous and require additional efforts.

## E. 2. a. PHASE 1: START-UP

The shift to Continuous Quality Improvement begins with a commitment of top leadership to CQI and the development of a strategic plan. Leadership must create an organizational culture that supports CQI, using management practices that sustain improvement efforts, and must create an environment where all staff can use performance improvement to develop their potential for doing the best job they can.

A strategic plan provides the basis for integrating and aligning an organization's work processes with its strategic direction. In keeping with the core principles of CQI, as many employees as possible should be involved in the strategic planning process to assure success.

***PHASE 1: START-UP***

| ACTIVITY | GUIDANCE |
|---|---|
| ***Have a Strategic Plan in place and operational*** | ➢ Refer to the Managing for Results and Strategic Planning component of the Organizational Development Guide.<br>➢ Template for Strategic Planning Process<br>➢ Strategic Plan Criteria<br>➢ Managing for Results Guidebook |
| ***Designate a CQI Coordinator*** | Coordinator provides leadership for CQI implementation and should be actively involved in the strategic planning process and have an understanding of the DHR Management Model. |
| ***Establish a CQI Council*** | Council should represent a broad cross section of the agency to oversee the implementation of CQI. |
| ***Provide orientation and training for Council members on roles and responsibilities*** | **Roles and responsibilities include:**<br>➢ Overall guidance and support for CQI<br>➢ Selecting priority areas for improvement<br>➢ Assigning responsibility to appropriate committee or improvement team to assess and recommend specific improvements<br>➢ Monitor effectiveness of quality initiatives in meeting goals and objectives |
| ***Develop operational Guidelines for Council*** | **Guidelines should include:**<br>➢ Council membership, terms, ground rules, responsibilities and frequency of meetings<br>➢ Procedures for employee, customer and stakeholder input into organization's work and improvement efforts<br>➢ Mechanisms for reviewing data, identifying priority improvement areas, and providing feedback<br>➢ Procedures for when and how to establish quality improvement teams (not all improvement efforts require a team approach)<br>➢ Communication methods to ensure that CQI information is shared with all employees |
| ***Assess CQI training and education needs*** | **Recommended CQI-related Training:**<br>➢ Facilitating the CQI process – for CQI Coordinator or Leader<br>➢ Orientation to CQI – for all staff |

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| | ➢ Effective Leadership – for Executive Staff<br>➢ Council Development, Team Leader Skills, Personal Mastery – for CQI Council members<br>➢ Problem Solving Skills, Process Management and Analysis – for quality improvement teams |
| ***Develop 1 to 3 year Operational plan*** | **Plan should include:**<br>➢ Schedule for CQI training and education<br>➢ Staffing and budget requirements |
| ***Provide employee orientation*** | This may be done on a group basis for current employees and individually as new employees come on board. |

### *E. 2. b. Phase 2: Deployment*

As the shift to performance excellence continues, Leadership and the CQI Council must provide opportunities for employee input and participation in organizational performance excellence initiatives. CQI enables employees to have input into the organization's work and job design through participation on improvement teams or other feedback mechanisms.

The efficient collection and management of data and its transformation into useful information are fundamental to successful CQI. Data are necessary to describe customer needs, evaluate performance, establish goals and objectives for improvement, and monitor progress.

***PHASE 2: DEPLOYMENT***

| *ACTIVITY* | *GUIDANCE* |
|---|---|
| ***Implement standard procedures for employee, customer, and stakeholder input into work and job design*** | **Input can be obtained in various ways:**<br>➢ Suggestion boxes<br>➢ Focus groups<br>➢ Stakeholder forums |
| ***Implement communication methods*** | Share CQI information with all staff, including the expectation that all staff have a role in CQI efforts |
| ***Review agency-wide trends and data to identify areas for improvement*** | **Sources of data could include:**<br>➢ Performance measures<br>➢ Internal/external assessments<br>➢ Surveys or focus groups<br>➢ Employee suggestions<br>➢ Customer complaints<br>➢ Audit report findings |
| ***Analyze and interpret data to determine impact on agency***<br><br>***Identify vital areas for improvement*** | **Answer the following questions:**<br>➢ What is the level of employee, customer, and stakeholder satisfaction?<br>➢ How does the agency's performance compare to its own past performance levels and to commonly accepted benchmark levels, state or national averages?<br>➢ How are data and information used in planning and monitoring daily work processes?<br>➢ How might changes in one critical performance measure affect other areas? |

| | |
|---|---|
| ***Identify quality improvement team(s) or standing committee(s)*** | **Teams should:**<br>➢ Include members whose work brings them closest to the issue(s) or problem(s); can be a standing committee or ad hoc team; should be program specific, issue specific, cross-functional, and diverse.<br>➢ Have a charter.<br>➢ Be supported by management (time commitment).<br>➢ Meet according to needs .<br>➢ Receive training on tools and techniques for analyzing problems (problem solving and decision making).<br>➢ Recommend solutions for the issue(s) (outcome). |
| ***Communicate agency performance measures and standards to all staff*** | The most important performance measures are those related to goals and objectives of the organization's strategic plan. |
| ***Integrate program and agency goals with employee job descriptions*** | Refer to PEP guidelines. |

## E. 2. *c. Phase 3: Integration*

When CQI is fully integrated throughout the organization, there are systems in place for continuous, long-term improvements. The levels of internal and external customer satisfaction will show significant improvements. All employees will have a clear understanding of CQI and will have a role in the process. Decisions for developing, operating and improving programs and services will focus on outcomes and will be based on reliable data. The organizational culture will reinforce the concept that CQI is essential to the way business is done at all levels, and to the organization's ability to achieve performance excellence. Ultimately, the impact of CQI will clearly be seen in the results – how well the organization did in achieving the strategic goals and objectives and meeting customer needs.

***PHASE 3: INTEGRATION***

| *ACTIVITY* | *GUIDANCE* |
|---|---|
| ***Monitor effects of improvements*** | Continue to review agency-wide trends and data. |
| ***Refine measures if needed*** | Refer to Managing for Results Guidebook. |
| ***Use relevant data in the strategic planning process and service delivery processes*** | |
| ***Implement improvements; document improvements*** | Evidence of improvements might be reduced processing time, increased customer satisfaction, or reduced costs. |
| ***Assess effectiveness of improvements in meeting goals and objectives*** | |
| ***Communicate results*** | |
| ***Celebrate accomplishments*** | |

## E. 3. CRITERIA AND CHECKLIST FOR REVIEW AND REPORTING (ALIGNED WITH PEP)

This checklist is used by ODSP to evaluate Continuous Quality Improvement initiatives within local departments and central administrations.

**Agency:_____Date Prepared:_____**

**Prepared:_____**

| ACTIVITY | EVIDENCE OF COMPLIANCE |
|---|---|
| **Phase 1: Start-Up** | |
| Have a Strategic Plan in place and operational | Final strategic plan |
| Designate a CQI Coordinator | |
| ➢ Establish a CQI Council<br>➢ Provide orientation and training for Council members on roles and responsibilities | Agenda for Council orientation |
| ➢ Develop operational guidelines for Council<br>➢ Assess CQI training and education needs<br>➢ Develop 1 to 3 year operational plan | Written plan that has been distributed to all staff |
| Provide employee orientation | |
| **Phase 2: Deployment** | |
| ➢ Implement standard procedures for employee, customer, and stakeholder input into work and job design<br>➢ Implement communication methods | Written notification to employees and stakeholders of input and communication methods |
| ➢ Review agency-wide trends and data to identify areas for improvement<br>➢ Analyze and interpret data to determine impact on agency<br>➢ Identify vital areas for improvement | Council meeting minutes that describe what decisions were made and how they were made. Include materials that illustrate what data was reviewed. |

| ACTIVITY | EVIDENCE OF COMPLIANCE |
|---|---|
| Identify quality improvement team(s) or standing committee(s) | |
| Communicate agency performance measures and standards to all staff | |
| Integrate program and agency goals with employee job descriptions | |
| **Phase 3: Integration** | |
| Monitor effect of improvements | |
| Refine measures if needed | |
| Use relevant data in the strategic planning process and service delivery processes | |
| ➢ Implement and document improvements<br>➢ Assess effectiveness of improvements in meeting goals and objectives<br>➢ Communicate results | Written notification to employees, customers, and stakeholders of improvements and evidence of effectiveness, such as:<br>➢ Time saved<br>➢ Increased customer satisfaction<br>➢ Reduced costs<br>➢ Progress in meeting goals and objectives<br><br>This could be included in an Annual Report |
| Celebrate accomplishments | |

## E. 4. CONTINUOUS QUALITY IMPROVEMENT TOOLS

CQI focuses on Continuous Quality Improvement and is about problem solving. Solving problems in an organization requires a logical and structured approach using data and appropriate tools. When it comes to working through problems and finding solutions, especially in a team setting, tools are extremely powerful. They enable an organization to gather data, analyze it, and display it. Tools enhance creativity and give structure to the planning process.

As you work through the CQI process, many of these tools will enhance your ability to reach successful outcomes. CQI tools are categorized here into four sections.

***a. Tools for Generating Ideas and Collecting Information***

- Administrative Information
- Affinity Diagram
- Brainstorming
- Check Sheet
- Focus Groups
- Force Field Analysis
- Interviews
- Written Surveys

***b. Tools for Analyzing and Displaying Data***

- Cause and Effect Diagram
- Control Chart
- Flow Chart
- Histogram
- Matrix Diagram
- Pareto Diagram
- Run Chart
- "Why" Technique

***c. Tools for Reaching Consensus***

- Balance Sheet
- Criteria Rating Form
- List Reduction
- Nominal Group Technique
- Weighted Voting

***d. Tools for Planning Actions***

- Action Plan
- Flow Chart
- Gantt Char
- PERT Chart

## E.4. a. TOOLS FOR GENERATING IDEAS AND COLLECTING INFORMATION

### Administrative Information

This is information already on file. Most organizations keep records of some kind. Reviewing administrative information may not answer all questions, but it allows you to identify useful types of data that are not currently being collected. Administrative data seldom measures difference of opinion among customers and can also yield biased results if not tabulated and interpreted carefully. Errors in a database can also lead to false conclusions. Combined with other data gathering methods, administrative information can be very helpful.

### Affinity Diagram

An Affinity Diagram allows you to group brainstorming ideas into categories. Allow 7 to 10 minutes.

1. Ask participants to sort the ideas into related groups. Any team member can move any of the post-it notes. If an item is moved back and forth between groups, try to see the connection others are making. If movement continues beyond a reasonable point, agree to create a duplicate post-it.
2. Some post-it notes may stand alone in their own category.
3. For each grouping, create a summary or "header" title. The headers should capture the central idea or theme of the grouping. Headers should be written in large letters, placing the post-it notes under the appropriate heading.
4. When the team reaches consensus, record the information.

### Brainstorming

Brainstorming is a technique used to generate a comprehensive list of ideas on any topic in a short period of time. The atmosphere should be considerate, open, creative, and free flowing.

1. First, identify the issue and frame it into a question e.g. "who are the customers of this process?"
2. Write the question on a flip chart so that everyone can see it.
3. Allow silent time (5 to 7 minutes) for each person to write down a list of responses (you can use post-it notes).
4. Ask the group to share their lists by sticking post-it notes in one place. Discard duplicate responses that are virtually the same. Remember that it is often important to preserve subtle differences in responses.

### Check Sheet

A Check Sheet makes it easy to compile and analyze data so that patterns and trends can be clearly detected. Often it is used to record how often an event occurs within a designated period of time. Although data gathering sheets are

intended mainly to track rather than analyze data, a quick glance often indicates why a problem is occurring.

There are two questions that must be answered when setting up a data-gathering sheet:
1. What does the team want to know?
2. What is the best way to collect the data?

***Focus Groups***
Focus groups are designed to elicit perceptions from selected groups of individuals who represent specific areas of interest. Groups are typically comprised on 6 to 12 people and run from 90 minutes to 1½ hours. Participants are selected based on demographic characteristics or experiences that relate to the topic being studied.

Focus groups yield qualitative information about the attitudes of a target group – typically customer – and reveal how they feel or think about a specific issue. Because only a few individuals are involved, and because participants build on each other's thoughts, focus groups do not produce valid statistical data. They should not be used if the information sought is in any way confidential.

***Force Field Analysis***
Force Field Analysis is a technique that helps you identify and visualize the relationships of the significant forces that influence a problem or goal and identify improvement opportunities.

Clearly identify the problem or goal to be analyzed. List the key factors that promote or hinder the achievement of your goal or the resolution of your problem. Teams should use an idea-generation technique to do this. Use two lists: one for promoting forces and one for hindering forces. Prioritize the forces in each list according to their relative impact on the problem or goal. You can use nominal group technique or some other decision-making tool. Minimize or weaken the hindering forces and maximize or strengthen the promoting ones.

***Interviews***
Interviews can be conducted in person or by telephone. In order to avoid bias, the interviewer should not be involved in the services being rated. Only open-ended questions should be used.

Live interviews afford an opportunity to ask different follow-up questions based on a respondent's answers to previous questions. Telephone interviews can be completed quickly and inexpensively.

Other methods for obtaining customer views can include *review of complaints, compliments and suggestions*. *"Intercept interviews"* is simply walking around and engaging customers in informal conversations.

Whatever method is used, always record complaints and analyze patterns over time. Create a system to investigate and resolve complaints quickly and in a manner that is visible to the customer.

***Written Surveys***

Surveys are quantitative information gathering tools that give numerical expression to attitudes and convictions. To ensure consistency, identical questions are asked of all respondents. Written surveys are useful when you want a lot of information. Surveys should ask for customers' views, not for information you already have. Since surveys can provide erroneous information (people forget, make mistakes, fabricate answers) use them only to collect information that cannot be obtained in any other way.

Caution: Keep in mind that people are more likely to return a survey if they are dissatisfied and be sure that the sample you select to complete the survey is representative of the entire customer base.

## E. 4. b. TOOLS FOR ANALYZING AND DISPLAYING DATA

### Cause and Effect Diagram

The Cause and Effect Diagram offers a systematic way to pinpoint the various factors that may be causing a problem. It prompts people to ask: "Why is this occurring?" As the diagram is developed, more and more potential causes come to light.

Some people call this tool the "fishbone diagram" because it takes the shape of a fish as more causes are brainstormed. The effect (problem) is the "head of the fish." Leading from this is the "backbone" and connected to this are the "main bones," which represent major categories of causes. Commonly used categories include people, policies, procedures, equipment, materials and environment. These categories are only suggestions; you may use any major category the team deems appropriate.

### Control Chart

A control chart is simply a run chart with statistically derived upper and lower control limits added. These limits are the calculation of the normal variation in the system. The control chart tells the team how the system is operating. It helps determine if the system is stable or out of control. This is done by gathering the data over time on a run chart, then calculating the process average and upper and lower control limits.

### Flow Chart

A flow chart is a graphic representation – a picture – of the sequence of events in a process. A completed chart allows a team to see how the various steps and activities in a process relate to one another. Flowcharting is a good way to identify delays, bottlenecks, rework, and other barriers to effectiveness and efficiency. Internal customers are identified, process boundaries are defined, and improvement opportunities come into focus

### Histogram

A histogram is a statistical tool that helps identify the kind of variation that is occurring within a process. Constructed from a data distribution, a histogram is a graph that shows the relative frequency of certain occurrences.

### Matrix Diagram

A matrix diagram is used to organize various items by showing relationships between the items and the strength of those relationships. It is often used as a tool to allocate tasks or as a way to chart the products or services you provide and your customer expectations of those products or services.

### *Pareto Chart*

The Pareto chart is a form of vertical graph that helps to reveal problems by the frequency of their occurrence in a process. As a graphic display, the Pareto chart draws attention to and enlists cooperation in making improvements. It helps a team set priorities. It is effective because it graphically demonstrates how seemingly small matters can cause big problems; taller bars represent more significant problems, and the shorter bars represent less significant problems. The name of the chart derives from the Pareto principle: 80% of the trouble comes from 20% of the problems.

### *Run Chart*

A Run chart is a tool that displays trends over a period of time. It is a line graph formed by connecting a series of dots.

### *"Why" Technique*

The "Why" Technique is used for discovering the root cause (or causes) of a problem by repeatedly asking the question, "Why?" You never know exactly how many times you will have to ask why. The why technique helps to identify the root cause(s) of a problem and see how different causes of a problem might be related.

Describe the problem in very specific terms. Ask why it happens. If the answer does not identify a root cause, ask why again. You know you have identified the root cause when asking why does not yield any more useful information.

Remember to always focus on the process/aspects of a problem, rather than the personalities involved. Finding scapegoats does not solve problems.

## E. 4. c. TOOLS FOR REACHING CONSENSUS

### Balance Sheet

Balance sheets allow a group to identify and review the pros and cons of various options. Like the other tools for reaching consensus, balance sheets will not make decisions. They will, however, organize the information and facilitate discussion among members.

Using a flip chart set up a large grid consisting of two columns and a row for each of the options being discussed. Label the columns + and – or "pros" and "cons." The team then "fills in" each cell of the grid, brainstorming and reaching consensus on positive and negative aspects for each option.

### Criteria Rating Form

The criteria rating form or matrix is useful when you need to select one problem or solution to work on out of multiple possibilities.

Set up a grid on a flip chart. Insert the problems or solutions you are considering in boxes along the top of the grid. Insert judgment criteria down the left side of the grid. If needed, determine weighting for each criterion. The total must be 100%. By group consensus, score each problem as to each judgment criterion (set up a value system such as 1 = low…10 = high). Add the total points for each problem and select the one with the highest score.

### List Reduction

This tool helps in processing the output of a brainstorming session. The objective is to clarify the items so that all team members understand them and then reduce the items to a manageable number.

Before the list can be shortened, everyone on the team must have a clear understanding of each item. Once there is simple clarification, the team identifies criteria that should be satisfied for an item to remain on the list. Some filters for selecting problems are:

- Does this problem lend itself to being solved by a team?
- Is the problem within our control or influence?
- Is it worth solving?

Some filters for selecting solutions are:

- Is it likely to solve the problem?
- Is it feasible?
- Can we afford it?

Keeping the agreed upon criteria in mind, team members vote on each item. A simple majority (one-half plus one) keeps the item on the list. Bracket items […] that do not satisfy the criteria, so the team can go back to them later if necessary.

### *Nominal Group Technique*

The Nominal Group Technique encompasses two other tools – *Brainstorming and Affinity Diagram*. The word nominal refers to the nomination of candidates – people, ideas, problems, or processes – for subsequent ranking. The tool can be used to prioritize processes that should be improved. Those with the highest score are the ones that deserve attention in terms of improvement.

### *Weighted Voting*

Weighted voting enables teams to quantify the various positions and preferences of team members. It differs from criteria rating forms in two ways: first, no decision factors or criteria are used; second, individual member's votes are recorded, there is no discussion or effort to reach agreement on a single number.

On a flip chart, set up a grid with options listed horizontally and team members listed vertically. Give each person a number of votes to distribute in accordance with their preferences. As a rule of thumb, the number of votes should be about 1 ½ times the number of options. Members then decide how to distribute their votes among the options to indicate their relative preferences.

## E. 4. d. TOOLS FOR PLANNING ACTIONS

### Action Plan

An Action Plan identifies the specific steps required to accomplish a particular task. As the changes identified in the action plan are implemented, they should be studied for effectiveness in terms of the desired results. If the actions do not achieve the planned results, the plan should be revised or a different approach should be considered.

### Flow Chart

See **Tools for Analyzing and Displaying Data**.

### Gantt Chart

The Gantt Chart helps to organize a team's plan for implementing its proposed solution. It documents what is to be accomplished, by whom, and when. The chart also allows a group to document the assumptions underlying their plan. For example, if it is based on installation of equipment by May 15, that assumption can be noted. The group can develop contingency plans in case the deadline slips.

What occurs before the chart itself is created is crucial to the effectiveness of this tool. Here are the steps:

- Brainstorm all tasks that need to be carried out as part of implementation.
- Assign responsibility for each task to a team member and/or to people outside the team.
- Decide how long each task will take, when it can be started, and when it is to be completed.
- Enter this information on the chart, sequencing and overlapping the various steps as appropriate.
- Document the assumptions on which the plan is based and the contingency plans to implement if those assumptions are not valid.

### PERT Chart

A PERT Chart (program evaluation and review technique chart) is a tool used for planning action and is designed to manage time. PERT Charts show the "critical path" or the minimum elapsed time that is required to complete a project.

## E. 5. CONTINUOUS QUALITY IMPROVEMENT RESOURCES

### Organizations

- Office of the Deputy Secretary for Planning (ODSP), Organizational Development including strategic planning, performance improvement consulting, 410-767-7362. www.dhrnet.dhr.state.md.us (See Office of the Deputy Secretary for Planning).

- Alliance for Redesigning Government, www.alliance.napawash.org

- American Management Association, Seminars, Conferences, www.amanet.org/index.htm

- American Productivity and Quality Center, http://www.apqc.org

- Association for Quality and Participation (AQP), 1-800-733-3310, www.aqp.org
  Washington DC Chapter, 703-532-9440

- American Society for Quality, www.asq.org

- American Society for Training and Development, www.astdmaryland.org

- Chesapeake Organizational Development Network, www.cbodn.org

- Philip Crosby, http://www.philipcrosby

- W. Edwards Deming, http://www.deming.org

- Department of Budget and Management, Governor's Office of Continuous Quality, Library of Resources, 410-767-4754, asutton@dbm.state.md.us. The Governor's Performance Excellence Award Program has a list of best practice agencies by Baldrige category. Contact the Governor's Office of Continuous Quality.

- Employee Development and Training Institute (EDTI), Department of Budget and Management, Office of Personnel Services and Benefits, 410-767-4278, www.dbm.state.md.us. Supports quality initiatives by providing CQI and facilitation training.

- GOAL/QPC, a non-profit research, publishing, and educational organization. 1-800-643-4316, www.goalqpc.com

- Governor's Quality Council (GQC), coordinated by the Department of Budget and Management, Office of Personnel Services and Benefits. Supports quality initiatives by providing technical assistance.

- Juran Institute, http://www.juran.com

- The Meaning at Work Assessment Plus, http://www.meaningatwork.com

- National Institute of Standards and Technology (NIST). The Malcolm Baldrige National Quality Award, http://www.nist.gov
  The Malcolm Baldrige Quality Award winners are obligated to share information and provide presentations for one year after winning the award. They also post information on their websites and share application materials that are not deemed proprietary. For more information see NIST website.

- Schaefer Center for Public Policy at the University of Baltimore, http://scpp.ubalt.edu (See Managing for Results). Supports quality initiatives by providing CQI and MFR training.

- Theseus Professionals (State Training Vendor), http://theseuspro.com/Training Center.htm

- University of Maryland Center for Quality and Productivity: Senate Productivity and Maryland Quality Awards, 301-403-4413, www.umcqp.umd.edu.
  - University of Maryland Center for Quality and Productivity US Senate Quality and Productivity Award and Maryland Quality Awards have several winners each year and can do workshops, speaking engagements, etc. For more information contact UMCQP or their website.
  - The local chapter of ASQP (Chesapeake Chapter) has a very active network. Contact: Kathy Free, 410-965-5008, kathy.free@ssa.gov

***Other States***

- Arizona Quality, http://www.governor.state.az.us (see Excellence in Government).

- Ohio Office of Quality Services, http://www.state.oh.us/quality/roqs.html

- Oregon Continuous Systems Improvement is a department-wide (human services) approach to training, research, planning, and evaluation, http://www.hr.state.or.us (see Remaking DHS).

- Washington State Quality Initiatives, http://www.governor.wa.gov (see Governing for Results).

### *DHR Mentors*

- Evelyn Barber, Office of the Deputy Secretary for Planning, 410-767-7621, ebarber@dhr.state.md.us
- Elizabeth Barnes, Baltimore City Department of Social Services, 410-361-2365, Ebarnes@dhr.state.md.us
- Gaylena Bivens, Wicomico County Department of Social Services, 410-543-6846, gbiven1@dhr.state.md.us
- Carol Buckley, Howard County Department of Social Services, 410-872-4286, cbuckley@dhr.state.md.us
- Eugenie Fitzgerald, Child Care Administration, Child Care Licensing, Region I, 410-514-7845
- Gloria Davis, Office of Technology for Human Services, 410-767-7722, gdavis@dhr.state.md.us
- Marsha Howes, Office of the Deputy Secretary for Planning, 410-767-7513, mhowes@dhr.state.md.us
- Charles Huddleston, Talbot County Department of Social Services, 410-822-7802, chuddles@dhr.state.md.us
- John Irvine, Office of the Deputy Secretary for Planning, 410-767-8975, jirvine@dhr.state.md.us
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